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SERIAL NUMBER 10/808,810	FILING OR 371(c) DATE 03/25/2004 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA ****

This application is a CON of 09/434,271 11/04/1999 PAT 6,735,569

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	KS	66	1	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

54205

TITLE

METHOD AND SYSTEM FOR PROVIDING A USER-SELECTED HEALTHCARE SERVICES PACKAGE AND
HEALTHCARE SERVICES PANEL CUSTOMIZED BASED ON A USER'S SELECTIONS

FILING FEE RECEIVED 1756	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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